



Ohio Administrative Code

Rule 5160-28-03.3 Cost-based clinics: RHC services, co-payments, and limitations.

Effective: October 1, 2016

(A) A rural health clinic (RHC) may be paid on a per-visit basis for providing any of the following services:

(1) Services that are rendered by a physician, physician assistant, or advanced practice registered nurse employed by or otherwise compensated by the RHC;

(2) Mental or behavioral health services, including therapy and testing, that meet one of the following criteria:

(a) They are provided by a clinical psychologist or advanced practice registered nurse certified by a national organization in the specialty of psychiatry; or

(b) They are provided by a clinical social worker, professional counselor, or professional clinical counselor;

(3) Services provided under supervision that would be covered if they were rendered by a physician or an advanced practice registered nurse; or

(4) Visiting nurse services if four conditions are satisfied:

(a) The service site is located in an area in which the United States secretary of health and human services (HHS) has determined that there is a shortage of home health agencies;

(b) The services are furnished by either a registered nurse or a licensed practical nurse employed by or under contract with the RHC;

(c) The services are furnished to a homebound individual; and



(d) The services are furnished under a written plan of treatment that is established by a supervising physician of the RHC or a physician, physician assistant, or advanced practice registered nurse, is signed by a supervising physician of the RHC or a physician, physician assistant, or advanced practice registered nurse, and is reviewed at least every sixty days by a supervising physician of the RHC.

(B) An RHC may be required to enroll separately in medicaid as another type of provider and to use a non-RHC medicaid provider number in order to receive separate payment for a service or supply that cannot be claimed as an RHC service under paragraph (A) of this rule.

(C) Co-payments may be established in accordance with rule 5160-1-09 of the Administrative Code for services rendered by an RHC. Co-payments for services rendered to managed care enrollees are applied in accordance with Chapter 5160-26 of the Administrative Code.